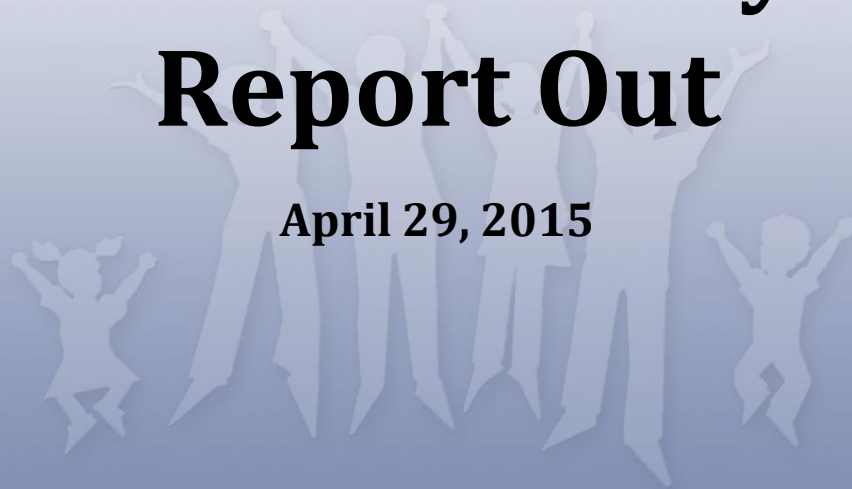




Integration Advisory Group Report Out

April 29, 2015

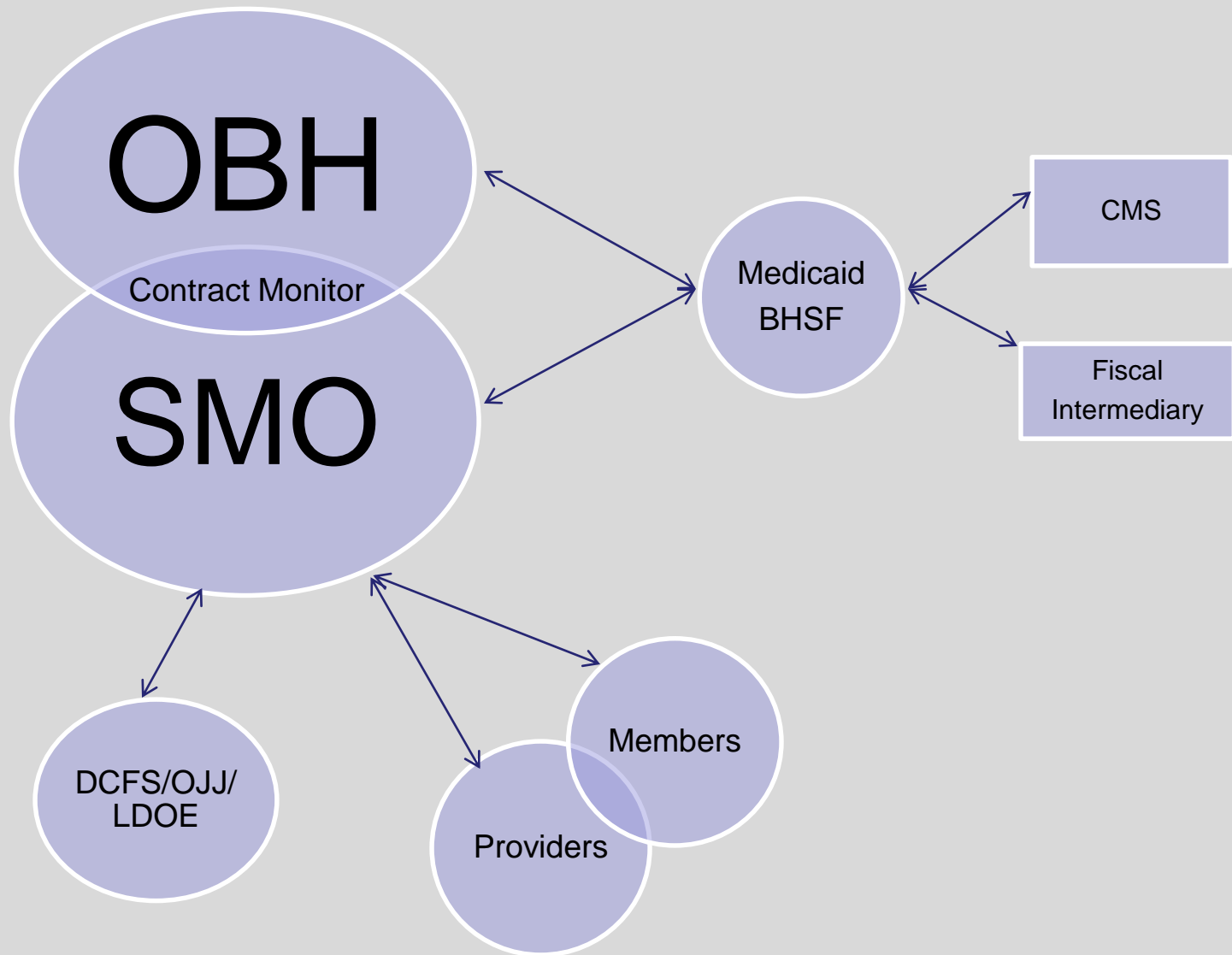


Stakeholder Input on Integration

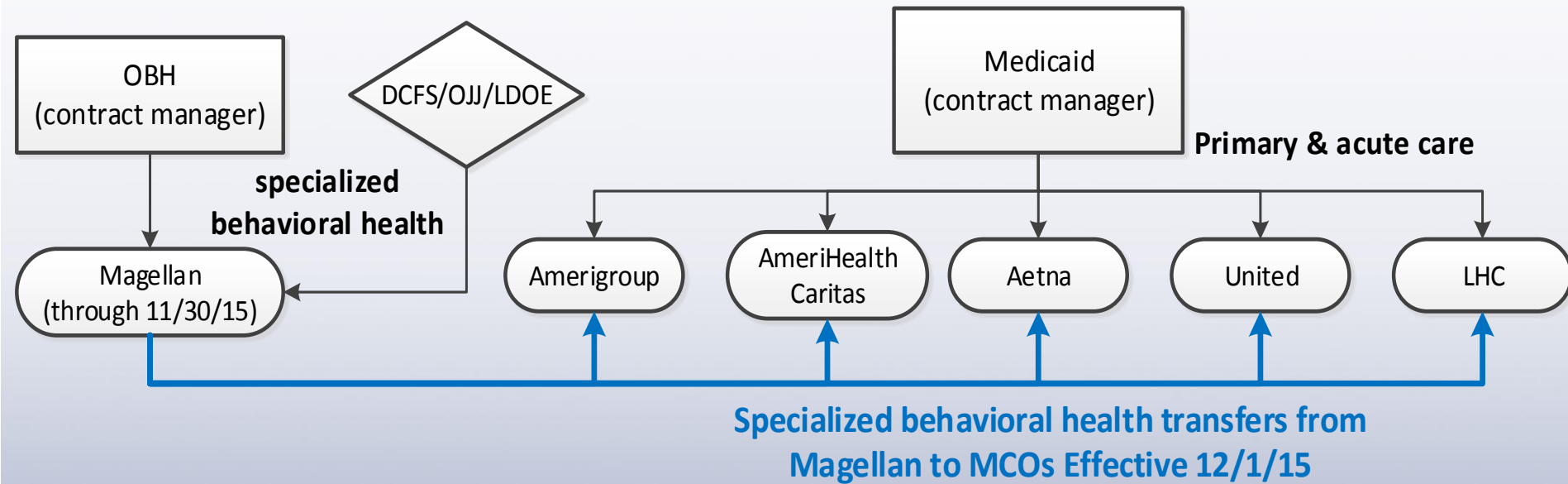
- DHH gathered a group of key stakeholders from various provider types, advocates, and consumers of services to contribute toward the planning for integration of behavioral health services into Bayou Health.
- The Integration Advisory Group (IAG) met on January 30th, February 20th, and March 20th of 2015 to respond to and make recommendations relative to a set of specific questions posed by DHH in preparation for drafting the integration contract amendments for Bayou Health.
- Additionally, DHH convened a member focus group to contribute from a unique consumer perspective on concerns and interests for integration.
- DHH compiled all recommendations made by the IAG and member focus group and responded to these suggestions as completely as possible at this point during program development.



Louisiana Behavioral Health Partnership System



Integration Mapped Out



How can the provider credentialing process be improved or standardized among the five plans?

Resolved:

- **Recertification:** The Office of Behavioral Health has expedited the recertification process, holding it from May 1, 2015, through June 30, 2015. More information on this process can be found in the Bayou Health [Informational Bulletin 15-8](#).
- **OBH Certification:** Upon integration, certification will be absorbed into the credentialing process by the Bayou Health plans and the additional certification process through OBH will be eliminated.



How can the provider credentialing process be improved or standardized among the five plans?

Resolution in Progress: DHH is exploring options with CAQH as a repository of primary source documents for the Bayou Health plans to access for credentialing individual providers (this is not applicable to organizations/agencies).

Not Pursued: There cannot be a single credentialing process for all five Bayou Health plans because the Bayou Health plans are required to have individual credentialing processes as per NCQA standards.



In what ways can DHH ensure that health plan utilization management policies, including authorization requests and document requirements, are consistent and rational?

Resolved: The National Committee for Quality Assurance (NCQA) has specific utilization management requirements for behavioral health, which are used to evaluate and determine the appropriateness of behavioral health services provided. NCQA requirements assure some consistency among the plans.

Not Pursued: Each Bayou Health plan will determine for which services it will require prior authorization; however, the plans will be trained on the LBHP Service Definitions Manual. At the present time, it is not anticipated that each plan will have common forms or uniform prior authorization processes beyond what is required by NCQA.



In what ways can DHH ensure that health plan utilization management policies, including authorization requests and document requirements, are consistent and rational?

Resolution in Progress: There will be a minimum timeframe requirement in the contract amendment for the plans to accept prior authorizations during the transition of behavioral health services from Magellan. DHH has a workgroup devoted to setting care continuity requirements for service authorizations upon transition.



What information sharing requirements and standards should exist between Bayou Health and providers?

Resolved: The Bayou Health plans are required to implement DHH approved care coordination and continuity of care policies and procedures (Bayou Health contract Section 6.29).

- Each Bayou Health plan must encourage network providers and subcontractors to cooperate and communicate with other service providers who serve Medicaid members
- Plans must work within HIPAA and 42 CFR guidelines for all information exchanges between providers for both physical and behavioral health
- The plans are required to employ Provider and Member Services Managers to coordinate communications with subcontracted providers, as well as its members.
- The Bayou Health plans are also responsible for offering Provider Relations support to assist providers including provider training, responding to inquiries, and scheduling regular visits to provider sites and ad hoc visits as circumstances dictate (Bayou Health contract Section 10.1).
- Each Bayou Health plan maintains a secure provider portal for in-network providers to access member information.



What information sharing requirements and standards should exist between Bayou Health and providers?

Not Pursued:

- **Electronic Health Record (EHR):** DHH and Bayou Health support the development of EHRs; however, the state will not be providing an EHR via Bayou Health. Providers are encouraged to explore individual options for electronic records or maintain paper records. To facilitate this, DHH will be hosting an EHR vendor fair on May 21, 2015.
- **Drug Formularies:** It is not anticipated that the Bayou Health plans will have identical behavioral health formularies; however, there will be a common preferred drug list (PDL) for behavioral health. Also, each plan must provide coverage for all classes of drugs covered by the Medicaid fee-for-service (FFS) pharmacy benefit.



What provider education and training opportunities would be most valuable, and how can they be best delivered to ensure their effectiveness?

Resolved: DHH is disseminating public information on integration moving forward through the DHH-Integration website: <http://new.dhh.louisiana.gov/index.cfm/subhome/43>

Resolution in Progress: The Bayou Health plans will be developing a training plan for DHH approval that will offer technical assistance to providers, though specific training components are still being developed. Webinars will also be made available on breakout topics from the National Council for Behavioral Health.



How can DHH ensure that the Bayou Health plans have adequate networks of a diverse set of provider types?

Resolved: The Bayou Health plans are contractually required to ensure network adequacy and access to services.

- To ensure network adequacy, the Bayou Health plans have the discretion to pay enhanced rates to attract additional providers and allow for access to services.
- The Bayou Health Plans will be required to offer all behavioral health services that are currently Medicaid covered services offered in the LBHP as outlined in the Service Definitions Manual.

Resolution in Progress: DHH is exploring rate options to make the minimum Medicaid fee schedule for behavioral health service provision viable within a managed care system.



What special requirements or protections should exist for non-private provider partners, such as local governing entities and other statewide agencies?

Resolved: DHH and Magellan meet with our state partners on a bi-weekly basis to discuss transition and ensure they are kept abreast of the latest developments. Additionally, DHH meets with the LGEs on a monthly basis. OBH will also be including DCFS and OJJ in future meetings with the Bayou Health plans to sort through the myriad of specific issues associated with the various state agencies involved in the LBHP.

Resolution in Progress: The relationship between the state partners and the Bayou Health plans is still under development. DHH is also working to address Therapeutic Foster Care as a potential Medicaid service.



What special provisions should exist for health plan requirements for treating individuals with serious mental illness (SMI), co-occurring disorders, or at-risk youth who have been served in CSoC?

Resolved:

- **Service continuity:** The current services available to adults and youth today will be available when the integration is implemented. Providers will need to contract with the health plans prior to integration to ensure a seamless process.
- **TGH Shortage:** DHH recently changed the licensing standards for TGHs including a rate increase and revised licensing standards for TGHs in a way that maintains high standards for clinical quality but also makes the standards more obtainable for providers.
- **Reimbursement:** Upon integration, the Bayou Health plans will be paid on a capitated basis for children's services, which allows them increased flexibility for negotiating payment rates with providers.



What special provisions should exist for health plan requirements for treating individuals with serious mental illness (SMI), co-occurring disorders, or at-risk youth who have been served in CSoC?

Resolution in Progress:

- **Discharge Planning:** DHH is currently investigating systematic and incentive-based methods to improve discharge planning. Currently, OBH and Magellan have implemented a performance improvement project focused specifically on this issue in order to improve outcomes for ambulatory follow-up post discharge. Additionally, inpatient hospitals and residential providers will be required to have a comprehensive discharge plan that includes community-based services if requested by the recipient.
- **Authorizations:** Seamless transition for those already authorized and receiving specialty behavioral health and pharmacy services at any level of care is a high priority for DHH. Through amending the Bayou Health contract, DHH will seek to assure that existing service authorizations are continued for a reasonable period of time and/or until services can be reviewed for continuation/medical necessity.



What technology requirements should exist for the health plans for care coordination and data transmission?

Resolved: Each Bayou Health plan has a secure provider portal for providers to submit authorizations. Within a member's Bayou Health plan, client history is shared amongst providers with client consent. If a member switches plans, the previous Bayou Health plan must transmit the member's records to the new plan within 10 days as per the contract.

Resolution in Progress: Magellan will be sending further communications on the decommissioning of Clinical Advisor and guides for transfer of clinical records and data extraction.

Not Pursued: The state will not be providing an EHR via Bayou Health. Providers are encouraged to explore individual options for electronic records or maintain paper records. To facilitate this, DHH will be hosting an EHR vendor fair on May 21, 2015. DHH encourages providers to visit healthit.gov for information on selecting an electronic health record, HIPAA-compliance, and data transfer.



How can we promote the use of multidisciplinary care teams to use methods such as co-management and co-rounding for patient care needs?

Resolved:

- **Training:** DHH is currently working with national consultants to develop training components and webinars on integration including focuses on various populations and provider types.
- **Telemedicine:** The current Bayou Health contracts state that telemedicine may be used to facilitate access to specialists to augment its network or to meet specific needs of a subset of its membership. Each Bayou Health plan must also develop and maintain a Network Development and Management Plan which assures that the provision of core benefits and services will occur.
- **Multidisciplinary teams:** Primary Care Physicians (PCPs) will be involved in the care coordination implemented for behavioral health integration by the Bayou Health plans.



What protections are necessary to ensure continuity of care during the transition?

Resolved: The services currently available under the State Plan and waivers within the LBHP will be available through Bayou Health after integration.

Resolution in Progress:

- **Same day billing:** DHH is pursuing FQHC payment reform to facilitate same day billing for medical and specialty behavioral health visits. Medicaid is examining any regular State Plan services and National Correct Coding Initiative restrictions that may impede same day billing statewide.
- **Eligibility verification:** The Bayou Health plans provide eligibility and benefits verification to their providers. DHH, through its Fiscal Intermediary, Molina, will maintain MEVS and REVS access for providers to check eligibility of their members.



What protections are necessary to ensure continuity of care during the transition?

Not Pursued:

- **Claims Processing:** The state cannot provide a single claims processing system; each Bayou Health plan will have its own claims processing methodology.
- **Provider contracting:** Providers in LBHP network cannot be grandfathered into or provisionally credentialed in Bayou Health networks. As per NCQA guidelines, accepting another entity's credentialing without performing the function itself could put the Bayou Health plans' NCQA accreditation at risk.



Which quality metrics specific or ancillary to behavioral health should be added to the Bayou Health plan monitoring requirements?

Metrics currently reported by Bayou Health:

- Timely access to services
- Time from provider call to live person response
- Number of claims submitted; number of claims pending; number of claims paid; number of claims denied per time period; top reasons for denials
- Time to first appointment from first contact
- Number of services provided per week per member
- Outcome measures based on services provided
- Provider network sufficiency and identification of network/service gaps
- Co-occurring indications
- Positive drug screens
- Recording of weight, heights, waist measurements at indicated visits

Currently collected by SMO that will be responsibility of Bayou Health:

- Care coordination/referrals
- Discharge planning and ambulatory follow-up metrics
- Length of stay
- Time from request to authorization and reauthorization
- Functional assessments/capacity and symptom reduction captured via CANS for CSoC members
- Member and provider satisfaction surveys
- Number of emergency department presentation for psych/substance use indications
- Number of readmissions to previous inpatient setting after discharge
- Time between discharge from inpatient setting and readmission to inpatient setting
- Time from discharge from inpatient treatment to first outpatient follow-up appointment



Which quality metrics specific or ancillary to behavioral health should be added to the Bayou Health plan monitoring requirements?

Resolution in Progress: Some metrics being considered for tracking by Bayou Health upon integration include:

- Number of referrals from behavioral health to primary care for health issues and vice versa
- Referrals from behavioral health to primary care are kept and vice versa
- Outpatient metrics relative to the crisis continuum
- Reduction in specific behaviors such as self-harm and suicide and other outcome measures



What technical assistance do you need to ensure quality reporting in terms of on-site workflow to collect and report the data, and with electronic health record utilization?

Resolved:

- **For providers:** The Bayou Health plan shall conduct initial training within thirty (30) days of placing a newly contracted provider on active status. The Bayou Health plan shall also conduct ongoing training as deemed necessary by the Bayou Health plan or DHH in order to ensure compliance with program standards and the contract. The plans shall develop and offer specialized initial and ongoing training in the areas including, but not limited to, billing procedures.
- **For the Bayou Health plans:** The Bayou Health plans also get technical assistance from the External Quality Review Organization on building a quality assurance and improvement program.



What technical assistance do you need to ensure quality reporting in terms of on-site workflow to collect and report the data, and with electronic health record utilization?

Resolution in Progress: Technical Assistance (TA) will be item-specific. For example, TA related to a given health plan's credentialing processes, contracting, prior authorization, and/or claims submission must be done by the health plan. TA related to Pharmacy Benefit Management may be conducted by the health plan or its PBM vendor. CSoC and Wraparound TA may be conducted by the Wraparound Agency, DHH, or its designee. TA related to transition and implementation will be developed via webinars and other formats in consultation with national consultants.



What technical assistance do you need to ensure quality reporting in terms of on-site workflow to collect and report the data, and with electronic health record utilization?

Not pursued: There are no plans, provisions, or funding for a standardized, single software on claims and billing systems at this time. Each health plan must comply with DHH's Electronic Claims Data Interchange policies for certification of electronically submitted claims.



How should the Bayou Health plans monitor evidence-based practices with fidelity to practice?

Resolved:

- DHH and the Bayou Health plans will work together to monitor fidelity to practice in accordance with national fidelity standards. The Bayou Health plans will be responsible for collection of all claims data and outcome measures from the providers to assist with monitoring.
- **On outcomes:** The Bayou Health plans are contractually required to establish and implement a Quality Assessment and Performance Improvement (QAPI) program that monitors and evaluates the quality and appropriateness of care and services and that improves patient outcomes through monitoring and evaluation activities. The plans also report clinical and administrative performance measure data on an annual basis as specified by DHH and in accordance with the specifications of the Bayou Health Quality Companion Guide.
- **EBP Services:** All Bayou Health plans are expected to provide all services currently covered under the LBHP.



What local staffing requirements should exist for the Bayou Health plans?

Resolved: DHH is including specific staffing requirements that have in-state requirements and behavioral health expertise depending on the function. Some of the specific requirements being recommended for amendment inclusion include, but are not limited to:

- Physically co-located with health plan staff managing medical care
- Behavioral Health Medical Director & Behavioral Health Medical Administrator
- Addictionologist
- Behavioral health coordinator
- LMHPs licensed in Louisiana on staff
- Grievance and Appeals staffing
- Provider relations staff for behavioral health providers and sister agencies
- Behavioral health pharmacy staff



Additional Stakeholder Concerns

- **Authorization requirements under Bayou Health**
 - Timeframes to make authorization decisions
 - Notification of authorization decisions
 - Communicating details on authorization denials
- **Non-Medicaid service management**
 - **Resolution:** OBH is currently drafting an RFP for the administrative management and service authorization for this population with anticipated release this Summer.
- **Increase behavioral health rates**
 - **Resolution:** Under a capitated payment model, the Bayou Health plans have the discretion to pay enhanced rates to attract additional providers and maintain access to services. Also, the plans currently monitor provider performance & improvement in health outcomes and offer enhanced reimbursements based on these factors.
- **Process for conducting 1915i independent assessments**
 - **Resolution:** Upon integration, this will be an administrative function for the purpose of rate-setting for the Bayou Health plans. They will have the discretion to conduct assessments in-house or contract out for this function.
- **Ensure credentialing applications include specialized services provided in LBHP**
 - **Pending Resolution:** DHH will work with the Bayou Health plans to ensure that credentialing packets are more inclusive.



Additional Stakeholder Concerns

- **Clinical Advisor Data Extraction (paper records and EHR)**
 - **Resolution:** Magellan has developed a reporting guide with instructions for generating reports from Clinical Advisor for providers intending to utilize paper records in lieu of an EHR. Magellan has also created a step-by-step guide for data transfer from Clinical Advisor to a provider's EHR which will be posted on Magellan's website and DHH's integration website.
- **Electronic claims submission**
 - **Resolution:** Each plan will have its own electronic claims submission system available and provider relations staff to assist providers with navigating this process.
- **Units of service**
 - **Resolution:** There is no anticipated change to billable units of service upon integration.
- **Expansion of psychologist provider type in networks through enhanced rates**
 - **Resolution:** Under a capitated payment model, the plans have the discretion to pay enhanced rates to attract additional providers and maintain access to services. If there is a provider or service shortage, the plans will be required to take necessary measures to ensure network adequacy or be penalized as per the contract.



CSoC Changes

- **CSoC Administration:** To streamline processes across the five plans, DHH has decided to hire staff in-house to conduct the current care coordination functions performed by Magellan for CSoC youth. The WAAs will now be responsible for conducting the assessments (CANS and IBHA) for this population.
- **CSoC Services:** The state is planning to move Crisis Stabilization into the State Plan, thereby expanding it from being available solely to 1915(c) waiver/CSO recipients to all Medicaid eligible youth. It is anticipated that this expansion will increase the provider pool for this service. Additionally, the state intends to allow Therapeutic Foster Care as a provider type for short-term respite services for CSoC recipients. In consultation with our actuaries and partner agencies, there are also plans underway by DHH to include Therapeutic Foster Care in the State Plan as a Medicaid covered service.
- **Please note:** These changes are still in progress and have not been finalized as they require rate-setting and approval by CMS.



Member Participation

- The state has invited Peer Support Specialists and consumers of services to participate in the Integration Advisory Group to make recommendations on how to build out the state's integration plan.
- DHH has also created a member focus group of approximately 30 consumers and peers to contribute its observations and concerns to the state as we move forward with integration.



Member Focus Group Questions

- What were the successes of the LBHP from a member perspective?
- What problems did you experience receiving care through the LBHP?
- What worries do you have with integration?



Projected Timeline & Resources

August 1, 2015 – Finalized Bayou Health contract amendment

September/October, 2015 – DHH readiness review of MCOs

September/October, 2015 – Open enrollment begins

December 1, 2015 – Integration go-live

Access to the signed Bayou Health contract amendment will be through the integration website:

<http://new.dhh.louisiana.gov/index.cfm/subhome/43>

DHH issued Bayou Health Informational Bulletins can be accessed at:

<http://new.dhh.louisiana.gov/index.cfm/page/1198/n/311>

Current Bayou Health value-adds:

https://bayouhealth.com/LASelfService/en_US/pdfs/LA-BenefitsCompChartOE.pdf



Key Informational Bulletins

- [IB 15-8:](#) Medicaid policy decisions concerning certification requirements in preparation for integration effective Dec. 1, 2015
- [IB 12-27:](#) Bayou Health provider issue escalation and resolution
- [IB 12-3:](#) Sample Bayou Health/Medicaid member ID cards and screenshot of MEVS system for member eligibility verification
- [IB 14-2:](#) Bayou Health pharmacy prior authorization requirements and appeals process
- [IB 12-28:](#) General provider information for Concurrent Review
- [IB 13-2:](#) Bayou Health plan provider claims disputes and resolution
- [IB 12-13:](#) Bayou Health claims processing and reimbursement for provider reimbursement and cash flow



Bayou Health Plan Contacts

For Members:

<u>Aetna Better Health</u>	1-855-242-0802
<u>Amerigroup RealSolutions</u>	1-800-600-4441
<u>AmeriHealth Caritas</u>	1-888-756-0004
<u>Louisiana Healthcare Connections</u>	1-866-595-8133
<u>UnitedHealthcare</u>	1-866-675-1607

For Providers:

<u>Aetna Better Health</u>	1-855-242-0802
<u>Amerigroup RealSolutions</u>	1-800-454-3730
<u>AmeriHealth Caritas</u>	1-888-922-0007
<u>Louisiana Healthcare Connections</u>	1-866-595-8133
<u>UnitedHealthcare</u>	1-866-675-1607



Looking Ahead!

- May-June 2015: Electronic Readiness Assessments
- June 2015: NIATx
- May-December 2015: Monthly Webinars based on your feedback & readiness assessment findings
- Monthly/Ongoing: Department of Health & Hospitals Integration Webpage Updates
- August-Fall 2015: Integration Summit Meetings



Questions and Answers

